

JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, idaho 83720-036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

July 19, 2006

Michael Gabenstein, Administrator Coeur D'Alene Homes, Inc 704 W Walnut Ave Coeur D'Alene, ID 83814 FILE COPY

Dear Mr. Gabenstein:

On July 10, 2006, a fire/life safety code was conducted at Coeur D'Alene Homes, Inc. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 9, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, BS, QRMP, MBA

Supervisor

Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED 01 - ENTIRE BUILDING A. BUILDING B. WING __ 13R116 07/10/2006

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

			704 W WALNUT AVE COEUR D'ALENE, ID 83814				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED B' REGULATORY OR LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE		
R9999	Initial Comments The facility was found to be in substantic compliance with the fire and life safety a sanitation standards of the Rules for Refor Assisted Living Facilities in Idaho. Note deficiencies were cited during the standifier/life safety and sanitation survey conducting survey was: Eric Mundell REHS Team Leader Health Facility Surveyor	and esidential o core lard ducted on	R9999				

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name			Physical Address	Phone Number							
Coerd'Alene Homes			I .	604 8119							
			City	ZIP Code							
Administrator Milce Grahinstein Survey Team Leader			704 W Walnut Arenne ZIP Code (ozv J'Alene		83814						
Survey To	eam Leader		Survey Type	Survey Date							
<u> 6</u> .,	mundell		FCS.	7/10/01	6						
NON-CORE ISSUES											
ITEM #	RULE#		DESCRIPTION		DATE RESOLVED						
	16.03.22.250.15	Call Syntam: A	- Signaling System was not air	·lable							
	,	when her docts	oms tillet reems and baths.	ham							
		the sleeping vo	ons tillet reems and baths	ing araz							
<u></u>		There was no	Intercon System installed.	····							

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- Control Cont				·····							
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Response Required Date Signature of Facility Representative											